Efficacy and safety of flash glucose monitoring in patients with type 1 and type 2 diabetes. A systematic

review and meta-analysis.

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1

#### ONLINE-ONLY SUPPLEMENTAL MATERIAL

- 1. Supplemental Table S1. PRISMA Chechlist.
- 2. Supplemental Table S2. Search strategy.
- 3. Supplemental Table S3. Risk of bias summary: review of authors' judgements about each risk of bias item for each included observational study.
- 4. Supplemental Table S4. Risk of bias summary: review of authors' judgements about each risk of bias item for each included randomized controlled trial.
- 5. Supplemental Table S5. Additional characteristics of included studies.
- 6. Supplemental Table S6. Training and compliance to FGM.
- 7. Supplemental Figure S1. Meta-regression on change in HbA1c from baseline to the last available follow-up on FGM based on baseline HbA1c.
- 8. Supplemental Figure S2. Forest plot of meta-analysis for change in time in range from baseline to the last available follow-up on FGM.
- 9. Supplemental Figure S3. Forest plot of meta-analysis for change in time above 180 mg/dl from baseline to the last available follow-up on FGM.
- 10. Supplemental Figure S4. Forest plot of meta-analysis for change in time below 70 mg/dl from baseline to the last available follow-up on FGM.
- 11. Supplemental Figure S5. Forest plot of meta-analysis for change in frequency of hypoglycemic events from baseline to the last available follow-up on FGM.
- 12. Supplemental Figure S6. Forest plot of meta-analysis for change in number of SMBG measurements per day from baseline to the last available follow-up on FGM.
- 13. Supplemental Figure S7. Forest plot of meta-analysis for change in total daily insulin dose from baseline to the last available follow-up on FGM.
- 14. Supplemental Figure S8. Forest plot of meta-analysis for difference in change in SMBG measurements from baseline to the last available follow-up on FGM versus SMBG.
- 15. Supplemental Figure S9. Forest plot of meta-analysis for difference in change in total daily insulin dose from baseline to the last available follow-up on FGM versus SMBG.
- 16. Supplemental Figure S10: Forest plot of meta-analysis for relative risk of discontinuation on FGM versus SMBG.
- 17. Supplemental Table S7: Efficacy of FGM on patient-reported outcomes.
- 18. Supplemental Table S8: Adverse events reported on FGM.
- 19. Supplemental Table S9: Publication bias.

Supplemental Table S1. PRISMA Checklist

Section/topic	#	Checklist item	Reported on page #					
TITLE								
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1					
ABSTRACT								
Structured summary	red summary  2 Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.							
INTRODUCTION								
Rationale	3	Describe the rationale for the review in the context of what is already known.	4					
Objectives	4	4 Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).						
METHODS								
Protocol and registration	ol and registration  5 Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.							
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	5					
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	5					
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	5					
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	5					
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	5					
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	5					
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.						
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	6					
Synthesis of results  Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I <sup>2</sup> ) for each meta-analysis.								

Section/topic	#	Checklist item	Reported on page #		
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	6		
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	6		
RESULTS					
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	7		
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	7		
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	7		
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	10		
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	10		
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	7		
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	10		
DISCUSSION	•				
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	12		
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	15-16		
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	16		
FUNDING	•				
Funding 27 Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.					

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: www.prisma-statement.org.

#### Supplemental Table S2. Search strategy for PubMed.

(((((flash) AND glucose) AND monitoring)) OR ((freestyle) AND libre)) OR (((free) AND style) AND libre)

Supplemental Table S3. Risk of bias summary: review of authors' judgements about each risk of bias item for each included observational study.

	1	2	3	4	5	6	7	8	9	10	11	Total
Al Hayek, 2017	Yes	Yes	No	Yes	Yes	No	Yes	No	Uncl	Yes	Yes	7
Al Hayek, 2019	Yes	Yes	No	Yes	Yes	No	Yes	No	Uncl	Yes	Yes	7
Campbell, 2018	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	8
Gernay, 2018	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Uncl	Yes	Yes	8
Kramer, 2019	Yes	Yes	No	Yes	Yes	No	Yes	No	No	Yes	Yes	7
Landau, 2018	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	9
Messaaoui, 2019	Yes	No	Yes	Yes	Yes	10						
Moreno- Fernandez, 2018	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	8
Paris, 2018	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	9

#### Questions:

- 1. Was the research question or objective in this paper clearly stated?
- 2. Was the study population clearly specified and defined? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?
- 3. Was a sample size justification, power description, or variance and effect estimates provided?
- 4. Was the test/service/intervention clearly described and delivered consistently across the study population?
- 5. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?
- 6. Were outcome measures of interest taken multiple times before the intervention and multiple times after the intervention (i.e., did they use an interrupted time-series design)?
- 7. Was the timeframe sufficient so that one could reasonably expect to see an association between intervention and outcome if it existed?
- 8. Were the outcome assessors blinded to the intervention status of participants?
- 9. Was loss to follow-up after baseline 20% or less?
- 10. Did the statistical methods examine changes in outcome measures from before to after the intervention? Were statistical tests done that provided p values for the pre-to-post changes?
- 11. Was study free of funding bias?

Supplemental Table S4. Risk of bias summary: review of authors' judgements about each risk of bias item for each included randomized controlled trial.

	Random sequence generation	Allocation concealment	Blinding of participants and	Blinding of outcome assessment	Incomplete outcome data	Selective reporting	Funding
			personnel		addressed		
Bolinder, 2016	Unclear	Low	High	High	Low	Low	High
Haak, 2017	Unclear	Low	High	High	High	Low	High
Yaron, 2019	Unclear	Unclear	High	High	Low	Low	High

Supplemental Table S5. Additional characteristics of included studies.

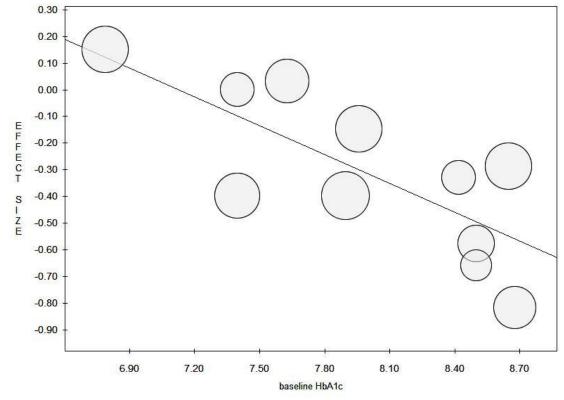
Supplemental Table 55. Addit	tional characteristics of included studi	es.
First Author, year	Age (years)	Diabetes duration (years)
Type 1 diabetes mellitus	<i>C Q</i> ,	, and the second
Al Hayek, 2017	18 patients aged 13-16	18 patients <5
	29 patients aged 17-19	29 patients ≥10
Al Hayek, 2019	30 patients aged 17-19	13 patients ≤5
	17 patients aged 20-21	34 patients >5
Bolinder, 2016	$43.7 \pm 13.9$	median 20 (range 13–27) in FGM arm
		median 20 (range 12–32) in SMBG arm
Campbell, 2018	$10.3 \pm 4.0$	$5.4 \pm 3.7$
Kramer, 2019	$50.9 \pm 13.3$	$21.9 \pm 15.1$
Landau, 2018	$13.4 \pm 4.9$	median 3.2 (range 1-7.4)
Messaaoui, 2019	$13.7 \pm 3.4$	$6.3 \pm 3.6$
Moreno-Fernandez, 2018	mean 38.2 (range 2255)	$20.9 \pm 7.8$
Paris, 2018	$40.1 \pm 13.1$	$16.8 \pm 10.9$
Type 2 diabetes mellitus		
Haak, 2017	59.2 ± 10.2	17.3 ± 8
Yaron, 2019	$66.7 \pm 7.5$	21.8 ± 7.6
Mixed		
Gernay, 2018	$50 \pm 14$	$26 \pm 12$

Supplemental Table S6: Training and compliance to FGM.

nber of sensor lay (mean [SD])
NR
NR
$15.1 \pm 6.9$
$12.9 \pm 5.7$
11.9 ± 7.7
n 12 (range 8 to 16.5)
$7.5 \pm 4.2$
17.8 ± 9.9
$8.9 \pm 7.7$
$8.3 \pm 4.4$
$11.4 \pm 7.8$
$8.8 \pm NR$
11.4 ±

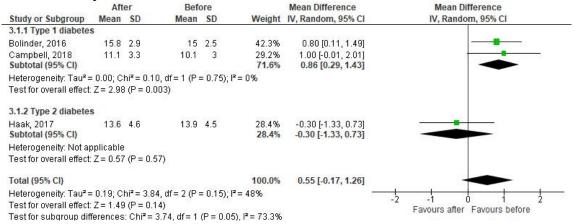
Legend – NR, not reported.

## Supplemental Figure S1. Meta-regression on change in HbA1c from baseline to the last available follow-up on FGM based on baseline HbA1c.



y=2.58-0.36x

## Supplemental Figure S2. Forest plot of meta-analysis for change in time in range from baseline to the last available follow-up on FGM.



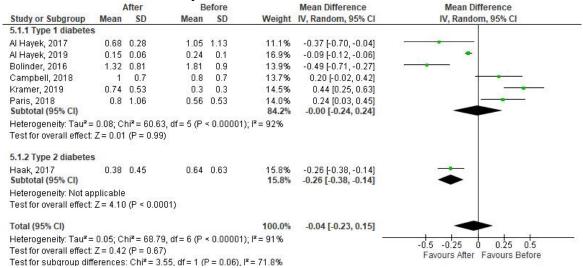
#### Supplemental Figure S3. Forest plot of meta-analysis for change in time above 180 mg/dl from baseline to the last available follow-up on FGM.

	Afte	er	Befo	ore		Mean Difference	Mean Difference
Study or Subgroup	Mean	SD	Mean	SD	Weight	IV, Random, 95% CI	IV, Random, 95% CI
3.2.1 Type 1 diabetes	s						
Bolinder, 2016	6.16	3.05	5.62	2.48	38.8%	0.54 [-0.17, 1.25]	
Campbell, 2018 Subtotal (95% CI)	11.6	3.9	12.7	3.5	30.0% 68.7%	-1.10 [-2.29, 0.09] - <b>0.21 [-1.81, 1.39</b> ]	•
Heterogeneity: Tau² =	1.10; C	$hi^2 = 5.42$	df = 1 (P =	$0.02$ ); $I^{z} =$	82%		
Test for overall effect	Z = 0.25	6 (P = 0.80)	)				
3.2.2 Type 2 diabetes	S						
Haak, 2017 Subtotal (95% CI)	9.8	4.8	8.8	5	31.3% 31.3%	1.00 [-0.11, 2.11] 1.00 [-0.11, 2.11]	-
Heterogeneity: Not ap	plicable						
Test for overall effect	Z=1.78	6 (P = 0.08	)				
Total (95% CI)					100.0%	0.19 [-0.90, 1.29]	
Heterogeneity: Tau² = Test for overall effect:	Z = 0.35	5 (P = 0.73)	)	(SA)		-	-2 -1 0 1 2 Favours after Favours before
Test for subgroup dif	ferences	: Chi <sup>2</sup> = 1.	47. df = 1 (l)	P = 0.22).	$I^2 = 32.2\%$		

### Supplemental Figure S4. Forest plot of meta-analysis for change in time below 70 mg/dl from baseline to the last available follow-up on FGM.

	Aft	er	Bef	ore		Mean Difference	Mean Difference
Study or Subgroup	Mean	SD	Mean	SD	Weight	IV, Random, 95% CI	IV, Random, 95% CI
3.3.1 Type 1 diabetes	S						
Bolinder, 2016	2.03	1.93	3.38	2.31	22.6%	-1.35 [-1.89, -0.81]	<del>- •</del>
Campbell, 2018	1.4	1.2	1.1	1.2	25.1%	0.30 [-0.08, 0.68]	<del>  •</del>
Messaaoui, 2019 Subtotal (95% CI)	3.6	1.92	4.32	1.68	26.2% <b>74.0</b> %	-0.72 [-1.02, -0.42] - <b>0.58 [-1.44, 0.28</b> ]	
Heterogeneity: Tau <sup>z</sup> =	0.53; C	$hi^2 = 28.23$	2, df = 2 (P - 1)	< 0.00001	); $I^2 = 93\%$		
Test for overall effect:	-817 - 1731 THE		100				
3.3.2 Type 2 diabetes	S						
Haak, 2017 Subtotal (95% CI)	0.59	0.82	1.3	1.78	26.0% 26.0%	-0.71 [-1.02, -0.40] - <b>0.71 [-1.02</b> , - <b>0.40</b> ]	<b>*</b>
Heterogeneity: Not ap	plicable						
Test for overall effect:	Z = 4.42	(P < 0.00	001)				
Total (95% CI)					100.0%	-0.60 [-1.18, -0.03]	-
Heterogeneity: Tau <sup>z</sup> = Test for overall effect: Test for subgroup diff	Z = 2.05	6 (P = 0.04	)			_	-2 -1 0 1 2 Favours after Favours before

### Supplemental Figure S5. Forest plot of meta-analysis for change in frequency of hypoglycemic events from baseline to the last available follow-up on FGM.



### Supplemental Figure S6. Forest plot of meta-analysis for change in number of SMBG measurements per day from baseline to the last available follow-up on FGM.

	Afte	er	Befo	re		Mean Difference	Mean Diffe	rence
Study or Subgroup	Mean	SD	Mean	SD	Weight	IV, Random, 95% CI	IV, Random,	95% CI
7.2.1 Type 1 diabetes							O C	
Bolinder, 2016	0.5	0.7	5.5	2	22.0%	-5.00 [-5.38, -4.62]		
Campbell, 2018	1.6	1.9	7.7	2.5	20.8%	-6.10 [-6.81, -5.39]	-	
Kramer, 2019	0.9	1.8	6.7	4.2	17.1%	-5.80 [-7.22, -4.38]		
Moreno-Fernandez, 2018 Subtotal (95% CI)	2.8	1.7	5.2	2.2	17.8% 77.8%		•	
Test for overall effect: Z = 7  7.2.2 Type 2 diabetes	.98 (P <	0.00001)						
Haak, 2017 Subtotal (95% CI)	0.4	1	3.8	1.4	22.2% 22.2%		<b>.</b>	
Heterogeneity: Not applical	ble							
Test for overall effect: Z = 2	4.12 (P <	< 0.00001	1)					
Total (95% CI)					100.0%	-4.55 [-5.74, -3.35]	•	
Heterogeneity: Tau² = 1.65;	Chi <sup>2</sup> = 8	8.71, df	= 4 (P < 0.0	0001); P	= 95%	7	10 5	5 10
Test for overall effect: Z = 7	.47 (P <	0.00001)					-10 -5 0 Favours After Fa	The state of the s
Test for subaroup differenc	es: Chi²	= 5.61. 0	f = 1 / P = 0	02) P=	82.2%		ravours Alter Fa	avours Delote

# Supplemental Figure S7. Forest plot of meta-analysis for change in total daily insulin dose from baseline to the last available follow-up on FGM.

		After	В	efore		Mean Difference	Mean Difference
Study or Subgroup	Mean	SD	Mean	SD	Weight	IV, Random, 95% CI	IV, Random, 95% CI
6.1.1 Type 1 diabetes							
Bolinder, 2016	45.2	39.7	47.2	25.1	13.3%	-2.00 [-10.44, 6.44]	-
Campbell, 2018	37.2	25.5	35.8	25.6	13.4%	1.40 [-7.00, 9.80]	
Kramer, 2019	38.2	18.7	37	21.1	12.4%	1.20 [-7.54, 9.94]	
Moreno-Fernandez, 2018	36.5	7.3	35.9	14.4	17.0%	0.60 [-6.86, 8.06]	28
Paris, 2018 Subtotal (95% CI)	53.2	19.84	56.6	22.1	33.5% 89.6%	-3.40 [-8.71, 1.91] - <b>1.08</b> [ <b>-4.33</b> , <b>2.17</b> ]	•
6.1.2 Type 2 diabetes							
Haak, 2017 Subtotal (95% CI)	85.2	39.7	87.6	44	10.4% 10.4%		-
Heterogeneity: Not applica	ble						
Test for overall effect: $Z = 0$	.49 (P = I	0.62)					
Total (95% CI)					100.0%	-1.22 [-4.29, 1.86]	•
Heterogeneity: Tau <sup>2</sup> = 0.00	; Chi2 = 1	.64, df = 5	P = 0.90); I	<sup>2</sup> = 0%		<u> 123</u>	-10 -5 0 5 10
Test for overall effect: Z = 0	.78 (P = I	0.44)					Favours After Favours Before
Test for subgroup different	es: Chi²	= 0.07. df=	1 (P = 0.80	0), $I^2 = 0\%$			1 avours Aiter Favours Delore

9

## Supplemental Figure S8. Forest plot of meta-analysis for difference in change in SMBG measurements from baseline to the last available follow-up on FGM versus SMBG.

	FGM		SMBG			Mean Difference	Mean Difference		
Study or Subgroup	Mean	SD	Mean	SD	Weight	IV, Random, 95% CI	IV, Random, 95% CI		
7.1.1 Type 1 diabetes mell	itus								
Bolinder, 2016	-5	2.12	-0.2	2.79	27.1%	-4.80 [-5.43, -4.17]	-		
Messaaoui, 2019	-4.5	2.12	0	2.79	25.8%	-4.50 [-5.27, -3.73]			
Moreno-Fernandez, 2018 Subtotal (95% CI)	-1.8	2.41	0.2	1.61	20.0% <b>72.8%</b>	-2.00 [-3.34, -0.66] - <b>3.90</b> [- <b>5.22</b> , - <b>2.59</b> ]	•		
Heterogeneity: Tau <sup>2</sup> = 1.12;	Chi <sup>2</sup> = 1	3.94, df=	2 (P = 0.00)	09); I <sup>2</sup> = 8I	6%				
Test for overall effect: $Z = 5$	.82 (P < I	0.00001)							
7.1.2 Type 2 diabetes mell	itus								
Haak, 2017 Subtotal (95% CI)	-3.4	1.72	-0.1	2.42	27.2% 27.2%	-3.30 [-3.91, -2.69] -3.30 [-3.91, -2.69]	<b>*</b>		
Heterogeneity: Not applical	ble								
Test for overall effect: $Z = 1$	0.54 (P <	0.00001)							
Total (95% CI)					100.0%	-3.76 [-4.79, -2.72]	•		
Heterogeneity: Tau <sup>2</sup> = 0.92;	Chi <sup>2</sup> = 2	1.38, df=	3 (P < 0.00	$01); I^2 = 8I$	6%	-	<del></del>		
Test for overall effect: Z = 7			33	23			-4 -2 U 2 4 Favours FGM Favours SMBG		
Test for subgroup difference	es: Chi²	= 0.67, df	= 1 (P = 0.4)	11), I <sup>2</sup> = 09	6		FAVOUIS FGW FAVOUIS SWIBG		

## Supplemental Figure S9. Forest plot of meta-analysis for difference in change in total daily insulin dose from baseline to the last available follow-up on FGM versus SMBG.

	FGM		SMBG			Mean Difference	Mean Difference		
Study or Subgroup	Mean	SD	Mean	SD	Weight	IV, Random, 95% CI	IV, Random, 95% CI		
6.2.1 Type 1 diabetes									
Bolinder, 2016	-1.99	6.9	-2.23	5.7	95.5%	0.24 [-1.37, 1.85]			
Moreno-Fernandez, 2018 Subtotal (95% CI)	0.6	15.0014	0.45	10.0058	3.6% 99.0%	0.15 [-8.18, 8.48] 0.24 [-1.34, 1.82]	<del>-</del>		
Heterogeneity: Tau² = 0.00;	$Chi^2 = 0$	.00, df = 1 (P =	= 0.98); l <sup>2</sup> =	0%					
Test for overall effect: $Z = 0$ .	.29 (P = 0	0.77)							
6.2.2 Type 2 diabetes									
Haak, 2017 Subtotal (95% CI)	-2.4	57.2487	-2.3	58.0237		-0.10 [-16.13, 15.93] - <b>0.10 [-16.13, 15.93</b> ]			
Heterogeneity: Not applicat	ole								
Test for overall effect: Z = 0.	.01 (P = 0	).99)							
Total (95% CI)					100.0%	0.23 [-1.34, 1.80]	<b>+</b>		
Heterogeneity: Tau² = 0.00; Test for overall effect: Z = 0 Test for subgroup differenc	29 (P = 0	).77)				97	-20 -10 0 10 20 Favours FGM Favours SMBG		

## Supplemental Figure S10. Forest plot of meta-analysis for relative risk of discontinuation on FGM versus SMBG.

	FGN	Λ	SMB	G		Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	<b>Events</b>	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
Bolinder, 2016	9	119	19	120	46.3%	0.48 [0.23, 1.01]	-
Haak, 2017	10	149	13	75	43.4%	0.39 [0.18, 0.84]	
Yaron, 2019	2	53	5	48	10.3%	0.36 [0.07, 1.78]	-
Total (95% CI)		321		243	100.0%	0.42 [0.25, 0.71]	•
Total events	21		37				
Heterogeneity: Tau <sup>2</sup> =	: 0.00; Ch	$i^2 = 0.1$	9, df = 2 (	P = 0.9	$(1); I^2 = 09$	6	01 02 05 1 2 5 10
Test for overall effect:	Z = 3.29	(P = 0.0)	001)				0.1 0.2 0.5 1 2 5 10 Favours FGM Favours SMBG

Supplemental Table S7. Efficacy of FGM on patient-reported outcomes.

Supplemental Table 87. Effica	cy of FGM on patient-reported outcomes.			
	Scale	Favorable findings in patient-reported outcomes on FGM at the end of follow-up	Improvement in patient-reported outcomes from baseline to the end of follow-up on FGM	More favorable findings in patient- reported outcomes on FGM versus SMBG
Type 1 diabetes mellitus				
Al Hayek, 2017	Hypoglycemia Fear Survey-Child PedsQL 3.0 DM questionnaire	-	Yes Yes	NA NA
Al Hayek, 2019	Glucose monitoring satisfaction survey	-	Yes	NA
Bolinder, 2016	Diabetes Distress Scale	-	-	No
	Diabetes Quality of Life Questionnaire	-	-	Yes
	Diabetes Treatment Satisfaction Questionnaire	-	-	Yes
	Hypoglycaemia Fear Survey	-	-	No
Campbell, 2018	Diabetes Treatment Satisfaction Questionnaire (teen version)	-	Yes	NA
	Diabetes Treatment Satisfaction Questionnaire (parent version)	-	Yes	NA
Kramer, 2019	Diabetes Treatment Satisfaction Questionnaire change	-	Yes	NA
Landau, 2018	-	-	-	NA
Messaaoui, 2019	Likert-type scale	Yes	-	-
Moreno-Fernandez, 2018	-	-	-	-
Paris, 2018	-	-	-	NA
Type 2 diabetes mellitus				
Haak, 2017	Diabetes Distress Scale	-	-	No
	Diabetes Quality of Life (DQoL)	-	-	No
	Diabetes Treatment Satisfaction Questionnaire status	-	-	Yes
	Diabetes Treatment Satisfaction Questionnaire change	-	-	Yes
Yaron, 2019	Audit of Diabetes Dependent Quality of Life 19	Yes	-	No
	Diabetes Treatment Satisfaction Questionnaire status – Hebrew version	Yes	-	No
_	Diabetes Treatment Satisfaction Questionnaire change	Yes	-	No
Mixed				
Gernay, 2018	VAS questionnaire	Yes	-	-

Supplemental Table S8. Adverse events reported on FGM.

Supplemental Table 88. A		porteu o	i i Givi.																			
	Device-related																					
	serious																					
	adverse events	Device-related adverse events							Observed anticipated sensor insertion-site symptoms													
		Allergic reaction at sensor insertion site	Diffuse cutaneous reaction	Dry flaky skin	Dry yellow/white collection	Erythema	Infection	Oedema	Rash	Sensor site reaction	Other	Bleeding	Bruising	Contact dermatitis	Erythema	Induration	Infection	Itching	Numbness	Oedema	Pain	Rash
Al Hayek, 2017	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-
Al Hayek, 2019	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bolinder, 2016	0	2	-	-	-	2	-	1	1	2	2	12	4	-	30	3	-	20	-	5	19	12
Campbell, 2018	0	-	1	1	1	-	-	-	-	-	-	15	3	-	14	6	1	4	-	-	21	4
Gernay, 2018	-	-	-	-	-	ı	ı	ı	-	-	ı	-	1	ı	-	-	-	-	1	-	-	-
Haak, 2017	0	1	-	-	-	ı	1	ı	1	3	ı	8	4	ı	23	3	-	14	ı	5	15	8
Kramer, 2019	-	-	-	-	-	-	-	-	-	-	-	13	-	-	13	-	-	-	1	-	-	-
Landau, 2018	-	-	-	-	-	-	-	-	-	-	-	-	-	9	-	-	-	-	-	-	-	-
Messaaoui, 2019	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Moreno-Fernandez, 2018	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paris, 2018	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-
Yaron, 2019	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Supplemental Table S9. Publication bias.

Endpoint	Egger's test
Change in HbA1c (%) on FGM	0.019
Change in time in range (70-180 mg/dl) on FGM (h/day) on FGM	0.681
Change in time above 180 mg/dl on FGM (h/day) on FGM	0.701
Change in time below 70 mg/dl on FGM (h/day) on FGM	0.871
Change in frequency of hypoglycemic events (n/day) on FGM	0.735
Change in SMBG measurements (n/day) on FGM	0.517
Change in total daily insulin dose (IU/day) on FGM	0.192
Difference in change in HbA1c (%) on FGM versus SMBG	0.229
Difference in change in SMBG measurements (n/day) on FGM versus SMBG	0.484
Difference in change in total daily insulin dose (IU/day) on FGM versus SMBG	0.168
Relative risk of discontinuation on FGM versus SMBG	0.657